

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038963

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1243

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

Hours

c. FULL NAME OF (If NOT in hospital, give location)

Missouri Methodist Hospital

Inside Limits

No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jentry

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

King City

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Bertha

May

Blacklock

4. DATE OF DEATH

Month

Day

Year

October 21, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

8/29/81

9. AGE (last birthday)

82 years

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Orange Co. Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George W. Badgett

13b. MOTHER'S MAIDEN NAME

Bell Stultz

14. NAME OF HUSBAND OR WIFE

David E. Blacklock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

D.E. Blacklock

17. INFORMANT

King City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pancreatitis, acute.

INTERVAL BETWEEN ONSET AND DEATH

18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-20-63

to 10-21-63

and last saw her alive on 10-21-63

Death occurred at

4:30

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. J. Herman, M.D.

22b. ADDRESS

706 Francis St. Joseph, Mo.

22c. DATE SIGNED

10-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

King City

23d. LOCATION (City, town, or county)

King City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Roland D. Clark

King City, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 29, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

A. J. Herman, M.D.

DATE AMENDED

VS 300  
Rev. 4/59

15117

20380

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Permit issued 10-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Frederick D. Clark*

Licensed Embalmer No.

*4477*

P. O. Address

*King City, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.